



UNITED STATES PATENT AND TRADEMARK OFFICE

Chief Financial Officer

Deposit Account Closure Request Form (PTO-2234)

- There must be **ONE MONTH** with no recent activity before a deposit account can be closed to ensure all outstanding charges have been applied. If this is the case, the account will be closed upon receipt of the request.
- The remaining balance will be refunded via Electronic Funds Transfer (EFT) to the U.S. bank account provided below (*must also provide copy of a voided check*). Otherwise, a U.S. Treasury check will be issued to the address on file.
 - For non-U.S. bank accounts, a U.S. Treasury check will be issued to the address on file.
 - To transfer the remaining balance to another existing deposit account, provide the other deposit account number below in lieu of banking information.
- You will receive a confirmation letter when the account is closed indicating the remaining balance to be refunded, and the expected timeframe to receive the refund.

Please provide the following information to close your deposit account:

Date of Request (mm/dd/yyyy): _____

Deposit Account Number: _____

Name on Deposit Account Statement: _____

Name of Bank: _____

Name of Bank Account Holder: _____

Bank Routing Number (U.S. banks only): _____
(must provide copy of a voided check)

Bank Account Number (U.S. banks only): _____
(must provide copy of a voided check)

Name (of authorized user): _____

Signature (of authorized user): _____

Contact Telephone Number: _____

Contact E-mail Address: _____

Submit this completed form to the Deposit Account Branch by email to RADHelpdesk@uspto.gov (preferred) or by fax at (571) 273-6500.

Finance Use Only

Date of Last Sale: _____	Date to Close Account: _____	Refund Approved By: _____
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